



CITY OF NAVASOTA APPLICATION FOR EMPLOYMENT

**IN ORDER FOR THE CITY OF NAVASOTA TO
CONSIDER YOUR APPLICATION FOR
EMPLOYMENT IT MUST BE COMPLETED IN ITS
ENTIRETY. MAKE SURE YOU LIST CORRECT
PHONE NUMBERS, ADDRESSES, SCHOOLS
ATTENDED, DEGREES OR DIPLOMAS RECEIVED,
PAST EMPLOYMENT, ETC.**

**A COPY OF YOUR DIPLOMA, GED OR TRANSCRIPT
(FROM EITHER A HIGH SCHOOL OR COLLEGE)
MUST BE ATTACHED TO THIS APPLICATION IN
ORDER TO BE CONSIDERED FOR EMPLOYMENT.**

**CITY STAFF WILL THEN REVIEW ALL APPLICATIONS
RECEIVED. THIS PROCESS MAY TAKE A COUPLE OF
WEEKS, SO PLEASE BE PATIENT. CITY STAFF WILL
CONTACT YOU IF AN INTERVIEW IS TO BE
SCHEDULED.**



Navasota Police Department

204 E. McAlpine PO Box 910
Navasota, Texas 77868
Office: 936-825-6124 Fax: 936-825-7280

AUTHORIZATION FOR RELEASE OF EMPLOYMENT HISTORY RECORDS

My name is _____ and my
date of birth is _____ and my social security is _____.

I have applied for employment with the City of Navasota Police Department and I request that all information their agents seek be provided.

I hereby fully, unconditionally, and without reservation release the City of Navasota Police Department, together with all its officers, agents, and employees from any liability whatsoever, and however characterized, arising from or connected with the City's collection, maintenance and use of information and the City's reliance on it. I understand that the City of Navasota Police Department is requesting information that may be subjective in nature, including such things as employee evaluations of my competence, TCLEOSE separation forms (F-5), trustworthiness, and reliability, and this release expressly covers all such information. I also understand that your response may also include information you have received from others, and this release expressly applies to that information and the person or persons who supply it. I waive any right to prevent disclosure, which I may have under any law, regulation, ordinances or policy. This release is in no way conditioned on the contents or nature of any response you make to my prospective employer's request.

WAIVER OF LIABILITY

I expressly waive my right to hold any law enforcement agency, commercial business, their agents, employees, or any other official from any entity liable for civil damages for the contents of my employment history concerning me as a police officer or civilian which are on file with your agency or business; and I expressly waive my right to hold a law enforcement agency, business and, their agents, employees, or any other official agent liable for civil damages for any action based on information contained in my employment history records.

Signature

Sworn to and subscribed before me on this _____ day of _____
20____.

Notary of Public

Printed or Typed Name of Notary

Commission Expires



NAVASOTA POLICE DEPARTMENT PERSONAL HISTORY QUESTIONNAIRE

APPLICANT

PLEASE READ CAREFULLY

You have been placed among other applicants in our selection process who will be considered further for prospective employment. Applying for such a critical position of trust as a Police Officer or other Police position requires a diligent examination of the best qualified applicant.

The information requested in this Personal History Questionnaire is necessary for you to complete if you want to remain as a viable participant in our selection process. Therefore, if you have no objection to our department conducting a thorough investigation of your background, you may continue in our selection process by voluntarily completing this Personal History Questionnaire.

INSTRUCTIONS

The responses in your Personal History Questionnaire should be printed legibly in ink by you and no other person. Answer all questions to the best of your ability. Please enter complete names by including both first and last names. All addresses are expected to be complete and correct, including mailing zip codes. You are expected to list all area codes of telephone numbers, and all numbers must be current. If a question is not applicable to you, enter N/A in the space provided. If there is insufficient space provided on the form for you to include all information necessary and required, attach extra sheets to the personal history questionnaire. Please make reference on any attached page to the relevant section and question number. If any requested information as expected herein is deliberately omitted or is discovered to be incorrect, except the optional questions or your remarks in Section K, this department may discontinue your selection process, and your potential for employment would be postponed.

Remember to sign and date the last page of your Personal History questionnaire, including the Confidential Information Agreement form, which requires a witness. Two other letters will be provided for your signature which we will send to references and various organizations. Other data and documents that you have not previously submitted may be included with your completed Personal History Questionnaire.

[illegible]

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

C. WORK EXPERIENCE Beginning with your present or most recent job, list all significant employment, including part time, temporary, or seasonal work. Include all periods of unemployment. Attach extra pages if necessary.

1. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

2. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

3. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

4. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

C. WORK EXPERIENCE (continued)

5. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

6. Employer _____ From _____ To _____
Address _____
Telephone _____ Job Title _____
Describe Duties _____

Supervisor _____ Name of co-worker _____
Reason for leaving _____

D. MILITARY HISTORY

Have you served in the U.S. Armed Forces? _____ Yes _____ No
Date of Service: From _____ To _____
Branch of Service _____ Unit Designation _____
Military Service Number _____ highest rank _____
Type of discharge _____
Were you ever disciplined while in the military service? Include court martial, captain's
masts, company punishment, etc. _____ Yes _____ No

| <u>Charge</u> | <u>Agency</u> | <u>Date</u> | <u>Age at time</u> | <u>Disposition</u> |
|---------------|---------------|-------------|--------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If you received a discharge other than Honorable, give complete details:

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

E. EDUCATION

| Schools Attended | Location | Dates Attended From | To | Graduated Yes | No |
|---------------------|----------|------------------------|----|------------------|----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

College or University Attended: _____
City and State _____ Dates attended _____
Hours or Units completed _____ Major/Minor _____
Degree Received _____ Date _____

College or University Attended: _____
City and State _____ Dates attended _____
Hours or Units completed _____ Major/Minor _____
Degree Received _____ Date _____

College or University Attended: _____
City and State _____ Dates attended _____
Hours or Units completed _____ Major/Minor _____
Degree Received _____ Date _____

List other types of schools attended such as Trade, Vocational, Business, etc. Give name and location of school, dates attended, course of study, certificate received, and any other pertinent information.

F. SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold, such as Pilot, Radio Operator, Scuba, etc. Show licensing authority, original date of issue, and date of expiration.

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

F. SPECIAL QUALIFICATIONS AND SKILLS (continued)

SPECIAL QUALIFICATIONS AND SKILLS (continued)

List and Specialized Machinery or Equipment which you can operate:

If you are fluent in a Foreign Language, indicate in each area your level of fluency, excellent to fair:

| | | | | |
|-----------------|----------------|-----------------|----------------------|----------------|
| <u>Language</u> | <u>Reading</u> | <u>Speaking</u> | <u>Understanding</u> | <u>Writing</u> |
|-----------------|----------------|-----------------|----------------------|----------------|

Other Special Talent you believe may be helpful to the position for which you have applied:

G. ARRESTS – DETENTIONS AND LITIGATION

Have you ever been taken into custody by any law enforcement officer and held in a place of detention? _____ Yes _____ No If yes, enter the following information:

| | | | |
|----------------------|---------------|-------------------------|------------------------------|
| <u>Allegation or</u> | | | <u>Disposition of Charge</u> |
| <u>Charge Filed</u> | <u>Agency</u> | <u>City & State</u> | <u>or Allegation</u> |

Have you ever taken a Polygraph Test? ____ Yes ____ No If yes, relate circumstances:

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

G. ARRESTS – DETENTIONS AND LITIGATION (continued)

Have you ever been involved as a party or witness in Civil Litigation? ____ Yes ____ No
Exclude those involving Workers Compensation

H. TRAFFIC RECORD

Has your Driver License ever been suspended or revoked?
____ Yes ____ No If yes, give date, location, and reasons:

Name of your auto Insurance Co. _____ Policy No. _____

List to the best of your memory all traffic citations you have received, excluding parking tickets

| Month/Year | Charge | City and State | Disposition |
|------------|--------|----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Describe in a brief narrative any traffic accidents in which you have been involved, as to how or why the accident occurred. Give locations and appropriate dates.

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

I. MARITAL AND FAMILY HISTORY Indicate your status _____ Single
_____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed

If engaged: Name of Fiancé _____
Address _____
Telephone Number _____

If married: Date married _____ City and State _____
Name of Spouse _____ Maiden Name _____

If ever separated; _____ Divorced; _____ Widowed Annulled _____ State _____
Date Married _____ City and State _____
Date of Order or Decree _____ Court/State Issued _____
Name of Spouse _____ Maiden Name _____
Address of Spouse _____ Phone _____

List all children related to you and your spouse. Include step-children, natural, adopted, and foster.

| Name | Address | D.O.B. | Relationship | Supported by Whom |
|-------|---------|--------|--------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List all other dependents

| <u>Name</u> | <u>Address</u> | <u>Relationship</u> |
|-------------|----------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List other Relatives in the following order: Father, Mother, Brothers, Sisters.
If deceased, so indicate

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

J. ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS

The City of Navasota Police Department endeavors to comply with all laws, regulations and employment guidelines, and to avoid discrimination toward any qualified applicant whether impaired or disabled. Applications for positions of Police Officer or other police related positions are expected to perform all of the job functions essential for any position that current employees in the same position perform and are expected to perform, regardless of any disability or impairment. The standard physical and mental qualifications for all police positions that anyone occupies or is applying for requires that any employee or prospective employee shall not pose a direct threat to the health or safety of other individuals due to any physical disabilities or impairments.

It is my commitment that I am able to perform all of the essential job functions listed for the position for which I have applied, except for the specific job functions described below:

*It is my commitment that I am able to meet the department's physical and mental standards to perform the essential job functions, and by so committing I would pose no direct threat to the health or safety of other individuals, except for the specific circumstances, conditions, reasons, or essential job functions described below:

*It is my commitment that any drugs or medication, whether prescribed by a doctor or not, that I take would not impair my physical or mental abilities to perform the essential job functions necessary for the position for which I have applied, except for the specific drug, medication, or impaired effect described below:

K. REFERENCES List five persons who you know well enough to provide current information about you. Do NOT list relatives or former employers.

Name: _____ Address: _____
Residence Phone: _____ Business Phone: _____
Business Address: _____ Years known: _____

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

K. REFERENCES (continued)

Name: _____ Address: _____
Residence Phone: _____ Business Phone: _____
Business Address: _____ Years known: _____

Name: _____ Address: _____
Residence Phone: _____ Business Phone: _____
Business Address: _____ Years known: _____

Name: _____ Address: _____
Residence Phone: _____ Business Phone: _____
Business Address: _____ Years known: _____

Name: _____ Address: _____
Residence Phone: _____ Business Phone: _____
Business Address: _____ Years known: _____

L. MEMBERSHIP IN ORGANIZATIONS

Social, Fraternal, Professional, etc.
From To

| Name and Address | Type | From | To |
|------------------|------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

M. PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of intoxicating liquors you use. _____

Describe the level, frequency, and circumstances surrounding any use of Marijuana or other drugs not prescribed by a doctor. _____

**NAVASOTA POLICE DEPARTMENT
PERSONAL HISTORY QUESTIONNAIRE**

M. PERSONAL DECLARATIONS (continued)

Describe in detail any incident in which you sold or furnished Marijuana, illegal drugs, or Narcotics to anyone.

Describe any beliefs or precepts you may have which would prevent you from taking a human life in the course of your law enforcement duties if required to do so. (For Police Officer Applicant Only)

Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of the position for which you have applied, including working weekends, holidays, evening or night shifts.

Have you ever made application for employment with this or any other law enforcement or related agency? _____ Yes _____ No If yes, give the agency, dates and status of application: _____

Describe any incidents or details in your life not mentioned herein which may influence this department's evaluation of your suitability for employment in the position for which you have applied. _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, other than those stipulated in area K, or falsifications may be grounds for immediate rejection of further consideration as an applicant, or justification for termination of employment if hired.

Signature of Applicant

Date

NEPOTISM CERTIFICATION

Applicant's Name: _____

Position Applying For: _____

No persons may be employed by **City of Navasota** who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the **City Council, City Manager, or any other officer of the city** or to any employee who would supervise his or her job performance.

Prohibited degrees of relationship are defined in Figures 1 and 2 on the following page.

Are you related by blood to any of the above parties or your prospective supervisor in any of these ways?

Is any city official or your prospective supervisor related to your spouse in any of these ways?

Spouses of these relatives (i.e. son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc.) are also included.

Signature

Date

NEPOTISM CHARTS

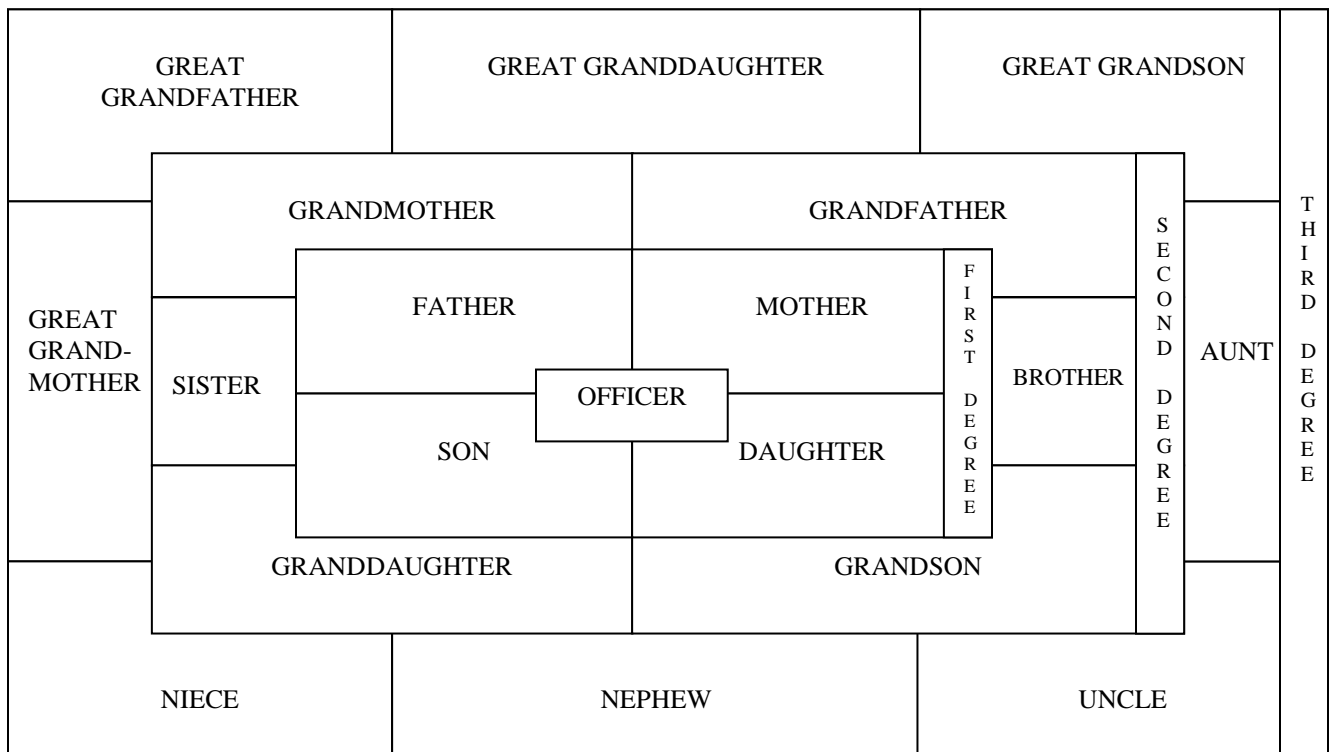


FIGURE 1 – CONSANGUITY KINSHIP CHART

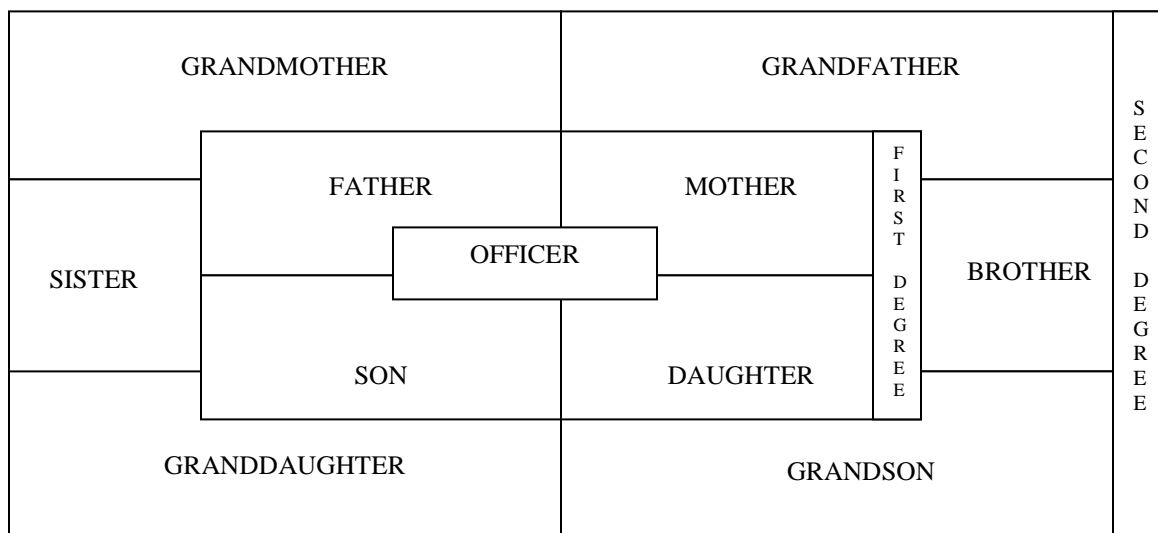


FIGURE 2 – AFFINITY KINSHIP CHART

* Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition. (Legal Reference: V.T.C.S., Article 5996h.

EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

SEX

- ☐ Male
☐ Female

AGE (in years)

- ☐ Under 40
☐ 40 and above

RACIAL/ETHNIC GROUP

- ☐ Caucasian (Not of Hispanic Origin)
☐ Black (Not of Hispanic Origin)
☐ Hispanic
☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native

SOURCE OF INFORMATION ABOUT APPLYING

- ☐ Posted job announcement
☐ Texas Employment Commission
☐ Current Employee
☐ Friend
☐ Professional publication
☐ Newsletter
☐ Just walked in
☐ Other (Specify) _____

DISABILITY

Do you have a disability? ☐ Yes ☐ No

(Disability is described as:

1. physical or mental impairment which substantially limits a major life activity;
2. previous record of such an impairment; or
3. being regarded as having such an impairment.)